OCJA 24 AUTHORIZATION AN . CIR./DIST./ DIV. CODE	1		MISCRIFI (KEV. 5/	77)	VOLICHED MIN S	DED	
2. PERSON REPRESENTED				VOUCHER NUMBER			
MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUM	MBER	5. APPEALS DKT./DE	F. NUMBER	6. OTHER DKT. N	UMBER
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY G Felony G Petty Offense G Misdemeanor G Other G Appeal		9. TYPE PERSON REPRESENTED G Adult Defendant G Appellant G Juvenile Defendant G Appellee G Other		10. REPRESENTATION TYPE (See Instructions)	
. OFFENSE(S) CHARGED (Cit	U.S. Code, T	Title & Section) If more the	un one offense, list (up to five) major offenses	charged, according	to severity of offense.	
				ATION FOR TRAI	NSCRIPT		
2. PROCEEDING IN WHICH T	RANSCRIPT	IS TO BE USED (Describ	e briefly)				
3. PROCEEDING TO BE TRAN prosecution argument, defen							ening statement,
4. SPECIAL AUTHORIZATIONS							JUDGE'S INITIAL
A. Apportioned % of transcript with (Give case name and							
B. G Expedited	G Daily	G Hourly Transcri	pt G Realtime	e Unedited Transcript			
C. G Prosecution Op		G Prosecution		cution Rebuttal			
G Defense Openin	g Statemen	t G Defense Argum			ry Instructions		
D. In this multi-defen		commercial duplication g under the Criminal J		vill impede the delive	ry of accelerated t	transcript	
5. ATTORNEY'S STATEMEN	Proceeding	g under the Crimmar 3	ustice Act.	16. COURT ORDER		I	
As the attorney for the person r transcript requested is necess authorization to obtain the trans to the Criminal Justice Act.	ary for adequ	ate representation. I, the	erefore, request			ited having been estab Item 15 is hereby gra	
Signature of Attorney Date				Signature of Presiding Judicial Officer or By Order of the Court			
Printed Name				Date of Order Num		Nunc Pro	o Tunc Date
Telephone G Panel Attorney G Retained Attorney G Pro-Se G Legal Organization							
			CLAIM FOR	SERVICES			
7. COURT REPORTER/TRANS	CRIBER STA	TUS		18. PAYEE'S NAME		st Name, including an	y suffix), AND
G Official G Contract G Transcriber G Other				MAILING ADDRE	SS		
9. SOCIAL SECURITY NUMB	ER OR EMPI	OVER ID NUMBER OF P	AVEE	-			
). SOCIAL SECORIT I NOME.	LK OK LIMI L	OTEKID NUMBER OF I	ATEL				
				Telephone			
). TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						<u> </u>	<u> </u>
Сору							
Expense (Itemize)							
					TOTAL AMOU	UNT CLAIMED:	
	ON OF CERT	/ICE PROVIDED			ment (compensation)	or anything of value)	from any other
. CLAIMANT'S CERTIFICAT I hereby certify that the above source for these services.		ervices rendered and is corr	ect, and that I have r	not sought or received pays	nent (compensation)		•
I hereby certify that the above		ervices rendered and is corr	ect, and that I have r	not sought or received payi	Dat		
I hereby certify that the above source for these services.				errification	•		
source for these services.	claim is for se		ATTORNEY C	ERTIFICATION	Dat		
I hereby certify that the above source for these services. Signature of 2. CERTIFICATION OF ATTOR	RNEY OR CL		ATTORNEY C	ERTIFICATION Adered and that the transcri	Dat		

Date

Signature of Judicial Officer or Clerk of Court